

TACTICAL COMBAT CASUALTY CARE (TCCC) CARD

BATTLE ROSTER #: _____

EVAC: Urgent Priority Routine

NAME (Last, First): _____ **LAST 4:** _____

GENDER: M F **DATE** (DD-MMM-YY): _____ **TIME:** _____

SERVICE: _____ **UNIT:** _____ **ALLERGIES:** _____

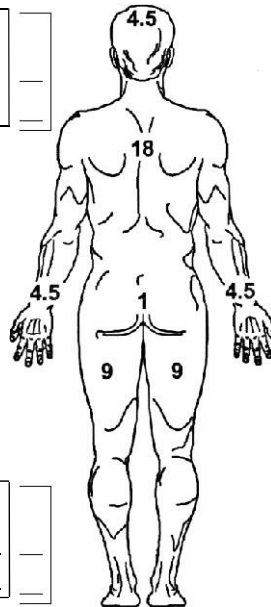
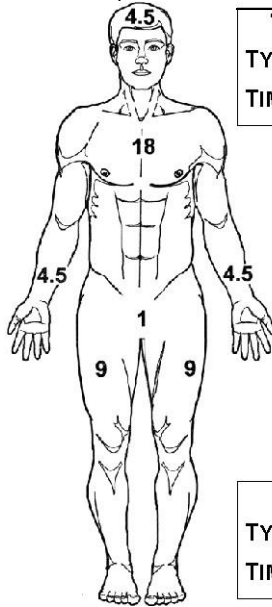
Mechanism of Injury: (X all that apply)

- Artillery Blunt Burn Fall Grenade GSW IED
 Landmine MVC RPG Other: _____

Injury: (Mark injuries with an X)

TQ: R Arm
TYPE: _____
TIME: _____

TQ: L Arm
TYPE: _____
TIME: _____



TQ: R Leg
TYPE: _____
TIME: _____

TQ: L Leg
TYPE: _____
TIME: _____

Signs & Symptoms: (Fill in the blank)

<i>Time</i>				
Pulse (Rate & Location)				
Blood Pressure	/	/	/	/
Respiratory Rate				
Pulse Ox % O2 Sat				
AVPU				
Pain Scale (0-10)				

